



• TINA MAMDANI, O.D. •
Welcome to Our Office

NAME _____

TODAY'S DATE _____

MIDDLE INITIAL: _____ MALE FEMALE

DATE OF BIRTH _____

ADDRESS _____

CITY: ABQ RR Other: _____

ZIP CODE _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

EMPLOYER _____

OCCUPATION: _____

MEDICAL INSURANCE COMPANY: Presbyterian BCBS United Health Care Medicare _____

INSURED'S NAME, DATE OF BIRTH & SSN _____

PLEASE TURN YOUR CELL PHONE OFF DURING ALL TESTING

HISTORY: *Please Check All That Apply*

	<u>SELF</u>	<u>FAMILY</u>		<u>SELF</u>	<u>FAMILY</u>
DIABETES	_____	_____	GLAUCOMA	_____	_____
HIGH BLOOD PRESSURE	_____	_____	EYE SURGERY	_____	_____
HEART ATTACK	_____	_____	BLINDNESS	_____	_____
STROKE	_____	_____	DOUBLE VISION	_____	_____
ARTHRITIS	_____	_____	FLOATERS	_____	_____
THYROID DISORDER	_____	_____	FLASHES OF LIGHT	_____	_____
HEADACHES	_____	_____	EYE INJURY	_____	_____
ALLERGIES/ SINUS	_____	_____	HEAD INJURY	_____	_____
MACULAR DEGENERATION	_____	_____	OTHER	_____	_____

WHEN WAS YOUR LAST EYE EXAM? _____

DOCTOR _____

CURRENT MEDICATIONS _____

KNOWN MEDICAL ALLERGIES _____

ARE YOU PLANNING ON PURCHASING GLASSES TODAY? YES NO

ARE YOU PLANNING ON PURCHASING PRESCRIPTION SUNGLASSES TODAY? YES NO

ARE YOU PLANNING ON PURCHASING CONTACTS TODAY? YES NO

PLEASE FILL OUT AND SIGN REVERSE SIDE



Please Note: All Insurance Co-pays, Including Upgrade and Options Charges on Frames and Lenses, are NONREFUNDABLE

OPTOMAP RETINAL EXAM

Our office is proud to provide our patients with the most highly advanced technology available in laser retinal imaging. Our ability to view your internal retinal health is now dramatically improved with the Optomap.

Our doctors are concerned about retinal problems such as macular degeneration, glaucoma, retinal holes or detachments, as well as destructive changes from diabetes, high blood pressure, and high cholesterol levels. Many diseases can affect the eye, and may be detected during a retinal exam.

EARLY DETECTION IS CRUCIAL!

Optomap:

- ◆ is fast, easy, and comfortable. Actual scanning time is only a quarter of a second.
- ◆ **will not require dilating drops.**

Optomap Provides:

- ◆ An in depth view of the retinal layers where disease can start.
- ◆ The ability to show you the images today during your exam.
- ◆ A permanent record for your medical file, which gives your doctor a comparison for tracking eye health and diagnosing potential eye disease.

Our doctors would like for ALL patients to have an **Optomap exam annually. The additional fee is only \$29.**

This procedure is not covered by your insurance and is an additional fee.

- I elect to have an Optomap of my retina.**
- I decline the Optomap retinal health exam. By declining the Optomap exam, you are limiting our ability to determine the health of your eyes and must sign below.

Patient or Guardian Signature: _____ Date: _____